

No. 2
4-13-40
-17-39
I X 2159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26396**

Registration District No. **284**

Primary Registration District No. **200**

Registrar's No. **1483**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Afton (rural)** **2**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Gravois & Laclede Station Rds.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Virginia Marie Held** **430**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **497-078939**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **June 16 1919**
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		21	1	19	hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Waitress** **6**

11. Industry or business **Woolworths** **0**

12. Name **Fred Held**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Gore**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Isabell Held**

(b) Address **Afton Mo.**

17. (a) **Burial** (b) Date thereof **8-8-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**
 (b) Address **4228 So. Kingshighway Bld.**

19. (a) **AUG 5 - 1940** (b) **R. Meyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County.....
 (c) City or town **Afton (rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Gravois & Laclede Station Rds.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **4th**
 year **1940** hour **10:50** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **June**, 19**40** to **Aug. 4**, 19**40**
 that I last saw him alive on....., 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral embolus **3 hours**
 Due to **Myocardial stenosis** **2**
 Due to.....
 Other conditions **72 W**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?.....
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
 (Specify type of place) (e) Means of injury.....

23. Signature **P. J. Volkmann** (M. D. or other) **MD**
 Address **57 W. Big Bend, W. Va.** Date signed **8/5/40**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6

22

Dr. Vollmer 2-4 P.M.
55 W Big Bend Hwy.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Edwin M. Perrott
Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.